



LAKE COUNTY ENVIRONMENTAL HEALTH

106 FOURTH AVENUE EAST

POLSON, MT 59860-2175

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Email: envhealth@lakemt.gov

SEPTIC DESIGN SEARCH

Requestor: _____ Date: _____

Phone: _____ Fax Number: _____ E-mail: _____

PROPERTY INFORMATION

Current owner's full name: _____

Geo Code: ____15-_____ Assessor#: _____

Physical address: _____

Owner at time of installation: _____

Approximate year system was installed: _____

If you need assistance in determining the owners name for the approximate year of installation, please contact the Lake County Plat Department (406) 883-7213 to obtain the name of all property owners from 1969 (the year permitting became a requirement for installation) until the current date to assist in a thorough search.

Legal description: _____

Section: _____ Township: _____ Range: _____ C.O.S. or other document # _____

Subdivision: _____ Lot: _____ Block _____

Any other information or additional property owner names that may help in the search: _____

For Office Use Only

☐ The information as requested is found on permit #_____, approval for _____ bedrooms.

☐ Caveat: Due to limited information available: This permit, #_____ is, to the best of our knowledge, the information you are seeking. We cannot guarantee without reserve that it is applicable to the parcel in question.

☐ There is no permit of record associated with the requested search.

☐ Certificate of Subdivision Approval Statement may also be available upon request
Initials _____